



# Enrolment Form

## Personal Details

Surname \_\_\_\_\_ First name(s) \_\_\_\_\_ Preferred name \_\_\_\_\_ Previous name (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender (please circle) Male Female Other

Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell phone number \_\_\_\_\_ Land line \_\_\_\_\_

Student ID number \_\_\_\_\_

Have you previously attended here as a Foundation or Language School student? Yes / No

## To be eligible for publicly funded primary health care in New Zealand, you must meet one of the following criteria

NZ resident or citizen, **OR** have a work visa/permit and can show that you are able to be in New Zealand for at least 2 years, **OR** an Australian citizen and able to show you have been in New Zealand or intend to be in New Zealand for at least 2 consecutive years **OR** a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding. If requested, you must be able to provide proof of your eligibility.

Are you a:

NZ Citizen      NZ Resident

NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding.

Australian citizen      How long do you intend to stay in New Zealand? \_\_\_\_\_

International Student (Please list country of origin) \_\_\_\_\_

## Ethnicity – which ethnic group do you identify with? (Please circle the one that applies to you)

NZ Pakeha / European      Maori (Iwi \_\_\_\_\_)      Australian      Samoan  
Cook Island Maori      Tongan      Niuean      Other PI  
Chinese      Indian      Asian      European

Other - please state: \_\_\_\_\_

# PTO to complete our form

**Next of Kin Contact Details**

Name	Relationship
_____	_____
Address	Contact Number
_____	_____
_____	

**Emergency Contact Details (if different to above)**

Name	Relationship
_____	_____
Address	Contact Number
_____	_____
_____	

**General Information**

**Student Health Services is not a Primary Health Organisation (PHO) or a member of any PHO. We require you to enrol with us and provide demographic information to enable us to provide you with a full range of primary health care services.**

**Completing the declaration below does not affect any existing enrolment you have with a PHO. You may choose to remain registered at your current GP practice and still attend Student Health.**

**Declaration**

Please enrol me with Student Health Services.

I understand that under the health information privacy code, my clinician may

1. Share my information with other health organisations to be used in a non-identifiable manner for health statistics.
2. For funding purposes be required to provide some identifiable information to other health organisations.
3. Share my health information with other Student Health staff and external health care providers with the intent of improving the coordination, safety and quality of my health care. If you do not wish this information to be shared with external health care providers please discuss with your clinician at Student Health.

I understand that when I cease paying the Otago University Student Services Fee, I am no longer eligible to use Student Health Services.

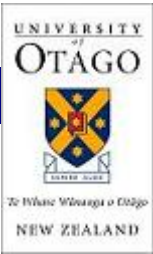
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing all sections of this enrolment form. If you have any questions concerning our form please contact our Practice Manager Ph: 4798212 or 0800479821. Please return the form to Student Health Services, PO Box 56 Dunedin 9054**

**Student Health Reception checklist**

- National Health Index (NHI) number .....
- Eligible criteria checked (international students only) and residency code entered.....
- Information updated on Medtech.....
- Staff member entering data..... Date.....



# Medical History

Name \_\_\_\_\_ Student ID \_\_\_\_\_

To assist Student Health in providing primary care health services for you, we would appreciate if you can provide the following health information.

### Smoking (please circle the one that applies to you)

- Never smoked
- Recent ex-smoker (less than 12 months without smoking)
- Current smoker/Social Smoker
- Long term ex- smoker (greater than 12 months without smoking)

### Alcohol (please circle the one that applies to you)

- How often do you have a drink containing alcohol? *(if never, please proceed to General Health Questions)*
- Never / monthly or less / 2-4 x a month / 2-3 x a week / 4 or more times a week
- How many standard drinks containing alcohol do you have on any typical day when you are drinking?
- 1 or 2 / 3 or 4 / 5 or 6 / 7 to 9 / 10 or more

How often do you have 6 or more drinks on one occasion? Never / less than monthly / monthly / weekly / daily or almost daily

### General Health – please circle any that apply and list any medication taken

- Asthma
  - Heart Disease
  - Diabetes
  - Epilepsy
  - Migraine
- Have you had any other major illness / operation / injury? **Yes /No**
- Specify.....
- Is there a family history of any significant illness? **Yes /No**
- Specify.....
- Do you have a visual, hearing, mobility or other impairment? **Yes /No**
- Specify.....
- What medicines or tablets do you take regularly? (please include contraceptives, herbal and over the counter medications)
- Specify.....
- Do you have any allergies including medications? **Yes /No**
- .....

### Vaccinations

- Have you had the usual childhood immunisations? **Yes /No**
- Have you had Gardasil/HPV vaccination? Started Course: **Yes /No** Completed Course: **Yes /No**

### Screening – Female students only

- Have you ever had a cervical screening **Yes /No**
- Have you ever had mammography (Women only age 45+ years)? **Yes /No**

### Student Health Clinical Staff

Old Notes required No / Yes – Note Request Form completed and given to patient for reception (found in Outbox, XGP)

Clinical information entered in Medtech by.....Date.....

Last review January 2017 SHS Medical History Form